

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -7 PM 4:40

DOCUMENT # L05000040834

1. Entity Name
MAKO INVESTMENTS, L.L.C.



Principal Place of Business
12 SOUTH PINE CIRCLE
BELLEAIR, FL 33756

Mailing Address
12 SOUTH PINE CIRCLE
BELLEAIR, FL 33756



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10252006 REIN-LLC CR2E101 (11/05)

4. FEI Number 20-2765391

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORD, MICHAEL
12 SOUTH PINE CIRCLE
BELLEAIR, FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS MCCORD, MICHAEL
CITY - ST - ZIP 12 SOUTH PINE CIRCLE
BELLEAIR, FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS 000081595430
CITY - ST - ZIP 11/07/06--01056--009 **150.00 ☐ Change ☐ Addition

TITLE
NAME MGRM
STREET ADDRESS BOWGREN, ANNE
CITY - ST - ZIP 12 SOUTH PINE CIRCLE
BELLEAIR, FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 2006

✓ 11/1/06 ✓